

El Cuidado Infantil Importa: Programa de Pagos de Estabilización (Child Care Counts: Stabilization Payment Program) Guía para presentar una solicitud

otoño 2021



Wisconsin Department of
Children and Families

El Department of Children and Families es (Departamento de Niños y Familias) un empleador y proveedor de servicios de igualdad de oportunidades. Si tiene una discapacidad y necesita acceder a los servicios, recibir información en un formato alternativo o necesita información traducida a otro idioma, llame a the Division of Early Care and Education (La División de Atención y Educación Temprana) al 608-422-6002. Las personas sordas, con problemas de audición, sordociegos o con discapacidades del habla pueden usar el Servicio de Retransmisión de Wisconsin (WRS) gratuito - 711 para comunicarse con el departamento.

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Acerca de esta guía

Esta guía detalla de qué manera los proveedores deberán utilizar el Portal para proveedores de cuidado infantil (del DCF) para solicitar el programa **Child Care Counts: Stabilization Payment Program (El cuidado infantil importa: Programa de pagos de estabilización)**, que se extenderá a partir del 8 de noviembre de 2021, y con una ventana de solicitud adicional cada mes hasta julio de 2022.

Antes de enviar su solicitud, revise todos los detalles del programa de pagos, los requisitos de elegibilidad y los términos y condiciones en nuestra [página web](#).

La solicitud del Programa de pagos se puede realizar mediante el [Child Care Provider Portal \(Portal para proveedores de cuidado infantil\)](#) o CCPP por sus siglas en inglés). Puede encontrar información sobre [cómo solicitar acceso al portal aquí](#). Si necesita ayuda para obtener acceso al CCPP (Portal para proveedores de cuidado infantil), vea este breve [video instructivo](#) que le ayudara obtener acceso. Si aún necesita ayuda, envíe un correo electrónico a DCFPlcBECRCBU@wisconsin.gov.

Si no puede acceder al Portal para proveedores, o elige no hacer la solicitud mediante esta vía, puede comunicarse con el Centro de llamadas de los programas de pago a fin de obtener ayuda para completar su solicitud por teléfono.

AVISO IMPORTANTE

Los programas Child Care Counts (El cuidado infantil importa) son programas de tiempo limitado diseñados para entregar asistencia a los proveedores de cuidado infantil en respuesta a la emergencia de salud pública del COVID-19. **Los programas no son subvenciones** (grants) según lo definido en la 45 CFR72 y en las regulaciones federales relacionadas y el uso de la palabra “subvención” es incidental.



Centro de llamadas del Cuidado Infantil Importa (Child Care Counts)

Si necesita ayuda, envíe un correo electrónico a:
DCFDECECOVID19CCPayments@wisconsin.gov.

Si no es posible enviar un correo electrónico, puede llamar y dejar sus preguntas de manera detallada al: 608-535-3650.

Tenga en cuenta – se recomienda la comunicación mediante correo electrónico para una respuesta más rápida.

Notas del sistema



El Portal de Proveedores de Cuidado Infantil se cierra después de 20 minutos de inactividad, lo que obliga a los usuarios a volver a iniciar sesión.



Si ve el icono junto  a un campo y no está seguro de qué introducir, haga clic en el icono para obtener más información sobre lo que se le pide que introduzca.

Child Care Provider Portal
Welcome, Laura

COVID-19 Payments – Add Application Details
Add common and payment program details for Providing Safe, Healthy, And High-Quality Child Care Opportunities

Grantee Details

Payment Month: October 2021

Grantee First Name: Lisa

Grantee Middle Initial:

Grantee Last Name: Licensed

Grantee Email: Lisa@Licensecenter.com

Grantee Phone: (221) 212-1212

Tell us about the children at your facility

Did your facility serve any children with disabilities? * Yes No ⓘ

Did your facility serve any child who has an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) and receives special education services and/or supports?

Did your facility serve any children who speak

Tell us if your program is opened or closed due to COVID-19

Was your facility open on 10/08/2021? * Yes No

Did your facility serve any children with disabilities? * Yes No ⓘ



Debido a la ventana de solicitud mensual en curso, cada vez que inicie sesión para solicitar, verá diferentes fechas en la columna **¿Cuándo puedo solicitar?/Actualizaciones**. Estas fechas también diferirán para cada semana de solicitud/actualización semanal para ingresar niños/información de personal y carga de documentos.

Child Care Provider Portal
Welcome, Laura

COVID-19 Payment Application List
Apply for COVID-19 payments and view details of payment program applications already started or completed.

Payment Program Summary

Payment Month	When Can I Apply?/Update	Payment Program	Status	
October 2021	October 18 - November 05	Providing Safe, Healthy, And High-Quality Child Care Opportunities	Not Applied	<input type="button" value="Apply"/> ▶
October 2021	October 18 - November 05	Funding Staff Recruitment And Retention Efforts	Not Applied	<input type="button" value="Apply"/> ▶

Number of Children attended * ⓘ

Enter the number of children who attended at least one day between 9/26/2021 and 10/9/2021 at this location.

Novedades

El Cuidado Infantil Importa: Programa de pagos de estabilización está diseñado para compensar el impacto continuo de la pandemia en los costos asociados con la prestación de atención y educación tempranas. La última ronda de financiación es diferente a las rondas anteriores.

Los proveedores presentan una solicitud (ya sea en la apertura de la solicitud inicial en noviembre 2021 o en cualquier mes durante la Semana de Solicitud).

- **Mientras el proveedor siga siendo elegible y se adhiera a los términos y condiciones, los pagos continuarán automáticamente cada mes.**
- **Los proveedores deben cargar los documentos de verificación con la solicitud inicial y cuando se solicite durante las futuras semanas de actualización mensual.**
- **Los proveedores deben actualizar la información del personal y de los menores cada mes durante la Semana de Actualización Mensual en la solicitud en portal.**
- **Los fondos deben gastarse en un plazo de 120 días a partir de la fecha de la carta de pago.**

Lista de verificación de documentos previa a la solicitud

Esta nueva ronda del Cuidado Infantil Importa: Programa de pagos de estabilización) requiere que carga documentos de verificación al momento de enviar su solicitud inicial y cuando se le solicite durante las futuras semanas de actualización mensual.



**Upload
Verification
Document**

**Documentos de
Respaldo**

**Estos son necesarios
durante su solicitud
inicial y también se
pueden solicitar en
futuras semanas de
actualización mensual.**

Esto incluye:

- Registros de asistencia de menores
- Registros de empleo del personal

Consulte nuestro guía, Child Care Counts: [Provider Portal Upload Guide](#) para obtener más información y consejos sobre cómo subir sus documentos.

Cómo enviar una solicitud

Child Care Provider Portal

Login

Existing CCPI Users can log in with their User ID and password that you used for SPN.

User ID:

Password:

Show Password

Remember Me

Enable Keyboard Accessibility Features

Enable Screen Reader Features

[...Hide Options](#)

Request access and update your user profile in [Account Management](#).

For additional information, visit the [DCF Portal Info](#) webpage.

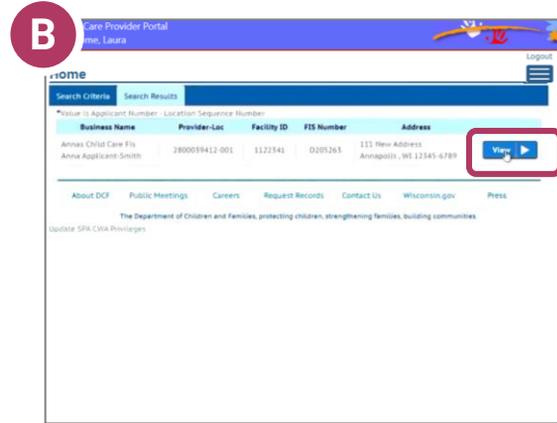
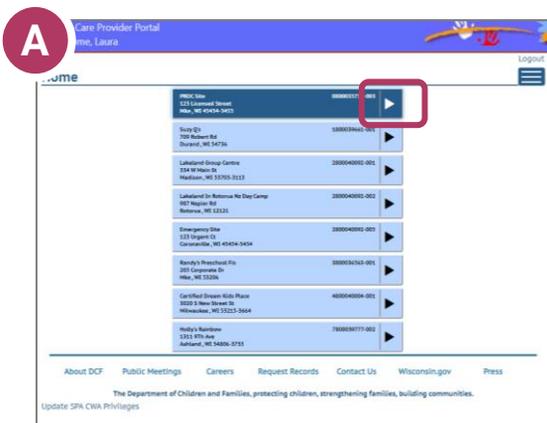
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The Department of Children and Families, protecting children, strengthening families, building communities.

1. Pantalla de inicio de sesión

Vaya a <https://mywchildcareproviders.wisconsin.gov/>

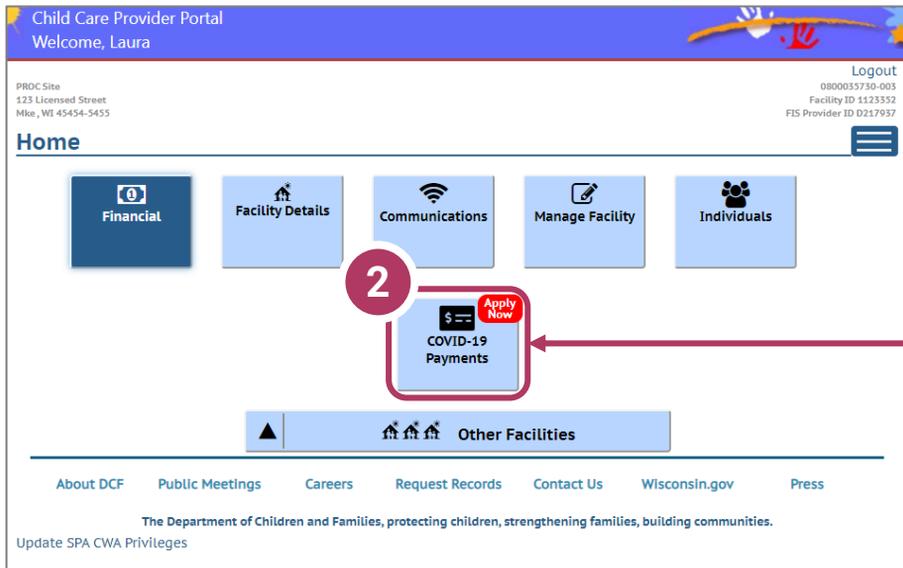
Ingrese su **User ID** (Identificación de usuario) y **Password** (Contraseña) en los campos correspondientes. Haga clic en el botón **Login** (Iniciar sesión) para continuar.



Dependiendo de si tiene una o más ubicaciones, su pantalla de inicio puede verse como la opción A - múltiples ubicaciones, o la opción B - una sola ubicación.

Haga clic en la ubicación para la que desea realizar la solicitud.

Cómo enviar una solicitud



2. Seleccione el botón de COVID-19 Payments (Pagos COVID-19)

Haga clic en el botón de **COVID-19 Payments (Pagos COVID-19)** para proceder a la página de solicitud.

Comenzar su solicitud

3

COVID-19 Payment Application List
Apply for COVID-19 payments and view details of payment program applications already started or completed.

Payment Program Summary				
Payment Month	When Can I Apply?/Update	Payment Program	Status	
October 2021	October 18 - November 09	Increasing Access To High-Quality Care	Not Applied	Apply ▶
October 2021	October 18 - November 09	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

3. Iniciar la solicitud

Para solicitar un programa específico, seleccione el botón **Apply (Solicitar)** en la página *Summary (Resumen)*.

4

COVID-19 Payments
Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program B: Funding Workforce Recruitment And Retention?

This payment program is intended to support the costs associated with recruiting and retaining high-quality early care and education staff through funding to increase compensation and provide professional development opportunities. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 10/18/2021 - 11/09/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to gather to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - **Note:** you must be open during the Count Week Identified in this application in order to be eligible for this program.
- Staff information (employment status, part/full-time status and current wages/rate of pay)
- Child attendance information (if only applying for Program B)

What information do I need to upload to complete this application?

- Staff payroll records for 09/26/2021 - 10/09/2021.
- Child attendance records (unless already uploaded with Program A application)

Staff payroll records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments. If you are only applying for Program B, child attendance records must also be uploaded with your initial application (and in future months when requested).

What happens after I submit my application?

After the Application Week has closed, DCF will evaluate and determine payments.

- You will be notified by email when the review process has been completed.
- Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days and must be finalized before the end of the review period in order to receive your payment through direct deposit.
- If you prefer to receive a check, you will receive additional instructions with your payment letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance and staff information every month during the Monthly Update Week.

5 Continue ▶

4. Revisar la información del Programa de pago

Después de hacer clic para solicitar un programa de pago, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pago específico
- Cuándo el proveedor puede solicitar
- Información que se recopilará en la solicitud
- Qué sucede después de presentar la solicitud

5. Continuar

Haga clic en **Continue (Continuar)** para ir a la página *Payment Application Details (Detalles de la solicitud de pago)*.

Página de resumen de solicitud

6. Lista de solicitudes del Cuidado Infantil Importa

Este es un programa de pago de nueve meses que se extiende desde noviembre de 2021 hasta julio de 2022. Si se aprueban los pagos, debe actualizar la información de asistencia del niño todos los meses durante la Semana de Actualización Mensual.



Month	When Can I Apply?/Update	Payment Program	Status	
October 2021	October 18 - November 09	Increasing Access To High-Quality Care	Not Applied	Apply ▶
October 2021	October 18 - November 09	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

Hay dos el Cuidado Infantil Importa programas de pago de estabilización que puede solicitar un proveedor.

- A. Payment Program A: Prestación de oportunidades de cuidado infantil seguras, saludables y de alta calidad
- B. Programa de pagos B: Fondos de contratación y retención de la fuerza laboral

! Los proveedores regulados pueden solicitar **AMBOS** programas de pago. Revise los detalles sobre la elegibilidad y los requisitos en la [página web del Programa de pagos](#).

Al lado del título Payment Program (Programa de pago), también verá la sección **Status (Estado)** donde se muestra el estado de su solicitud.

Página de resumen del pago

Incompleta (Incomplete) indica que ha iniciado una solicitud para el programa, pero no la ha completado. Haga clic en **Detalles** (Details) para ingresar a su solicitud.

No solicitada (Not applied) significa que no ha ingresado una solicitud para el pago que se indica. Haga clic en **Apply** (**Solicitar**) para comenzar su solicitud.

Puede realizar correcciones a su solicitud hasta el final del periodo de solicitud. Una vez que se cierra el periodo para presentar la solicitud, no se pueden realizar correcciones.



PARA SOLICITAR EL PROGRAMA DE PAGOS A
Prestación de oportunidades de
cuidado infantil seguras,
saludables y de alta calidad

Comenzar su solicitud

1. Comenzar la solicitud

En la página *Summary* (*Resumen*) del programa de pago, solicite un

programa específico haciendo clic en el botón **Apply (Solicitar)** que corresponda. En este ejemplo, haremos clic en el botón **Apply (Solicitar)** que se encuentra junto al Programa *Increasing Access to High-Quality Care* (*Prestación de oportunidades de cuidado infantil seguras, saludables y de alta calidad*)

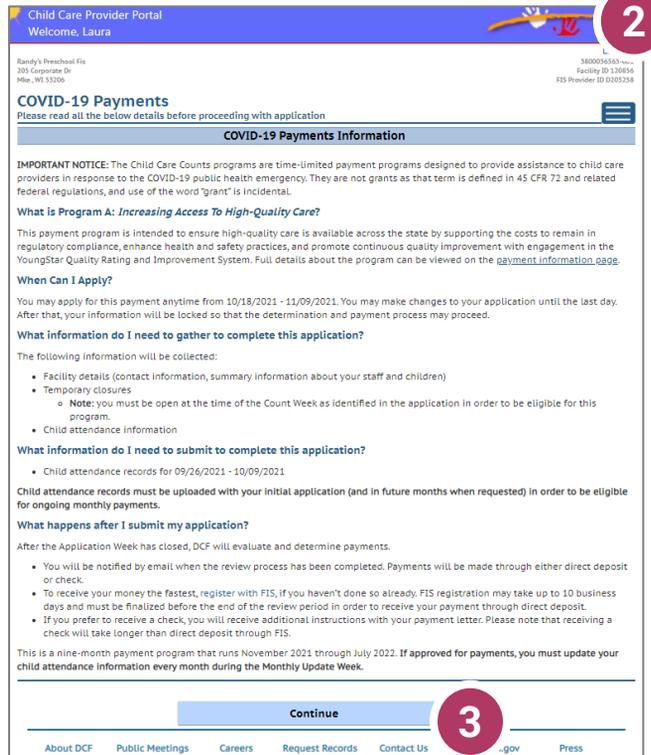


Payment Month	When Can I Apply/Update	Payment Program	Status	
October 2021	October 18 - November 09	Increasing Access To High-Quality Care	Not Applied	Apply
October 2021	October 18 - November 09	Funding Workforce Recruitment And Retention	Not Applied	Apply

2. Revisar la información del Programa de pagos

Después de hacer clic para solicitar un programa de pagos, verá una pantalla informativa que detalla lo siguiente:

- Resumen del programa de pagos específico
- Cuándo puede solicitar el proveedor
- Información que se recopilará en la solicitud
- Qué sucede después de presentar la solicitud



Child Care Provider Portal
Welcome, Laura

Randy's Preschool Etc.
2301 Corporate Dr.
Mke, WI 53206

3800054563
Facility ID: 128516
FIS Provider ID: 0205228

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program A: Increasing Access To High-Quality Care?

This payment program is intended to ensure high-quality care is available across the state by supporting the costs to remain in regulatory compliance, enhance health and safety practices, and promote continuous quality improvement with engagement in the YoungStar Quality Rating and Improvement System. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?

You may apply for this payment anytime from 10/18/2021 - 11/09/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to gather to complete this application?

The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - **Note:** you must be open at the time of the Count Week as identified in the application in order to be eligible for this program.
- Child attendance information

What information do I need to submit to complete this application?

- Child attendance records for 09/26/2021 - 10/09/2021

Child attendance records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments.

What happens after I submit my application?

After the Application Week has closed, DCF will evaluate and determine payments.

- You will be notified by email when the review process has been completed. Payments will be made through either direct deposit or check.
- To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days and must be finalized before the end of the review period in order to receive your payment through direct deposit.
- If you prefer to receive a check, you will receive additional instructions with your payment letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance information every month during the Monthly Update Week.

Continue

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3. Continuar

Haga clic en **Continue (Continuar)** para ir a la página **Application Details** (**Detalles de la solicitud**).

Agregar detalles de su ubicación a la solicitud

COVID-19 Payments – Add Application Details
Add common and payment program details for Increasing Access To High-Quality Care

Grantee Details

Payment Month: October 2021

Grantee First Name: Randy

Grantee Middle Initial:

Grantee Last Name: Randall

Grantee Email: Randy@Randys.Com

Grantee Phone: (999) 999-9999

Tell us if your program is opened or closed due to COVID-19

Was your facility open during Count Week 09/26/2021-10/09/2021? Yes No

Tell us about the children at your facility

Did your facility serve any children with disabilities? Yes No

Did your facility serve any children who speak languages other than English? Yes No

Did your facility serve any children who are experiencing homelessness? Yes No

Did your facility serve any children from tribal communities? Yes No

Payment Program Details for Increasing Access To High-Quality Care

Payment Program: Increasing Access To High-Quality Care

4. Agregar detalles de la persona beneficiaria

Se ha determinado un periodo de financiamiento único para esta solicitud.

Asegúrese de ingresar si o no a las preguntas marcados con un asterisco * ojo.

Si ingresa detalles inexactos podría retrasar su solicitud.

5. Cuéntenos sobre la apertura/cierre del programa

¿Su programa estaba operativa durante la **semana de recuento**?

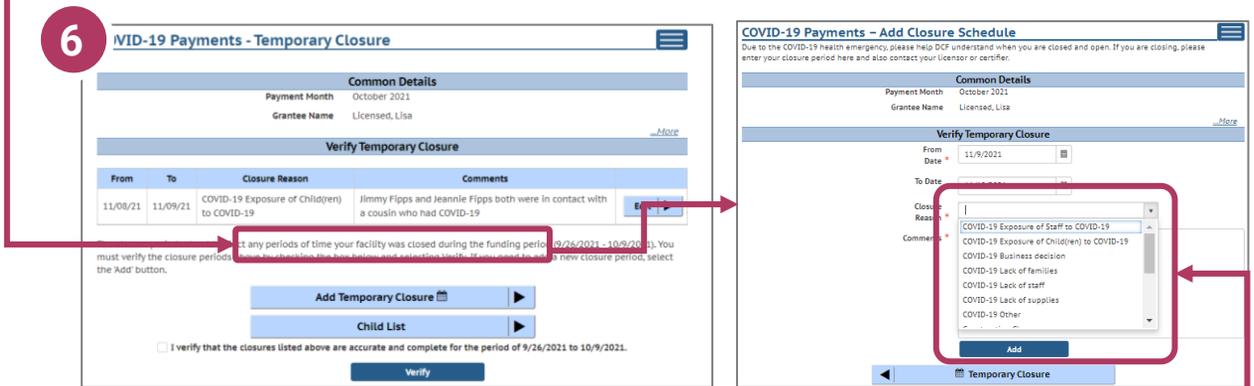


NOTA: Si solicitó financiamiento anterior mediante el *Programa Child Care Counts Payment (Pago de El cuidado infantil importa)* original, muchos de los campos de la solicitud se completarán de manera automática. Revise todos los campos que se completan de manera automática para asegurarse de que la información sea correcta y actualice los datos según sea necesario.

Actualizar o verificar cierres temporales de la ubicación

7. Cierres temporales

Se le pedirá que verifique si hubo cierres temporales durante el periodo de financiamiento. Si la información sobre los cierres ya se actualizó en el Portal para proveedores, esos detalles se mostrarán aquí. Si necesita agregar un periodo de cierre temporal, seleccione el botón **Add Temporary Closure (Agregar cierre temporal)**, será dirigido a la pantalla **Closure Schedule (Programación de cierres)** que se muestra a continuación.



Ingrese las fechas de cierre y seleccione la razón del cierre que corresponde de la lista del menú.

Después de incluir todos los cierres temporales que correspondan, haga clic en la casilla de verificación que indica que ha registrado y verificado con precisión todos los cierres temporales de su ubicación.



Una vez que haya ingresado todos los cierres temporales, marque la casilla y seleccione Verificar para continuar la aplicación.

I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

Verify

Verifico que los cierres enumerados anteriormente sean precisos y completos para el período del 9/26/2021 al 9/10/2021

Agregar detalles de su ubicación a la solicitud

Did your facility serve any children who are experiencing homelessness? * YES NO ⓘ

Did your facility serve any children from tribal communities? * Yes No

Payment Program Details for *Increasing Access To High-Quality Care*

Payment Program Increasing Access To High-Quality Care

Number of Children attended * 4 ⓘ

Comments

Add

Payment Program Summary

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7. Cuéntenos sobre los niños inscritos en su programa

En esta sección, puede hacer clic en el icono ⓘ para obtener más información sobre la pregunta.

Number of Children attended * 4 ⓘ

Enter the number of children who attended at least one day between 9/26/2021 and 10/9/2021 at this location.

En este caso, al hacer clic en el icono para obtener más información, se le indicará que debe agregar la cantidad de niños que asistieron a su ubicación **AL MENOS** un día durante el **COUNT WEEK (SEMANA DE RECUESTO)**.

Haga clic en **Add (Agregar)** para pasar a la siguiente página.



NOTA: Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ para obtener más información sobre los datos que se están pidiendo que ingrese.

Agregar detalles sobre los niños

8. Agregar niños a la solicitud

Se le pedirá que agregue a *todos* los niños que asistieron a su programa al menos un día durante el **Count Week (Semana de Recuento)**. La cantidad de niños agregados en esta sección debe ser igual a la cantidad de niños que indicó que asistieron en la primera página de la solicitud: *Add Application Details (Agregar detalles a la solicitud)*.

COVID-19 Payments – Child List

Common Details

Payment Month: October 2021

Grantee Name: Lake, Laura

...More

Name	Date of Birth	Care Type
No results found.		

8 Add Child

1 ve. ... children listed above were enrolled for the period of 09/26/2021 to 10/09/2021

More

Haga clic en el botón **Add (Agregar)** para agregar niños a su solicitud.

COVID-19 Payments – Previous Funding Period Child List

Common Details

Payment Month: October 2021

Grantee Name: Lake, Laura

...More

Children included in previous application

Name	Date of Birth	Care Type
Adam Angry	1/1/2016	Full-Time Care

Children enrolled in WI Shares as of 09/26/2021 - 10/09/2021

Name	Date of Birth
No results found.	

Add Child

Child List

Aquí puede agregar niños de solicitudes anteriores. Haga clic en el botón **Copy (Copiar)** para agregar los niños a su solicitud.

También puede agregar nuevos niños a esta solicitud.

Children enrolled in WI Shares as of 09/26/2021 - 10/09/2021

Name	Date of Birth
No results found.	

Add Child

Puede también ver los niños que estaban inscritos en Wisconsin Shares durante el **Count Week (Semana de Recuento)**.

Haga clic en el botón **Agregar** una vez que haya completado toda la información de la página.

Lista de niños incluidos en la solicitud de pago anterior

9. Verificar la lista de niños incluidos en una solicitud anterior

Si solicitó fondos del *Child Care Counts* (*El Cuidado Infantil Importa*) antes, los niños que agregó en su solicitud anterior aparecerán en esta sección y se podrían copiar en su solicitud actual. Haga clic en **COPY (COPIAR)** para agregar los niños a su solicitud. Esto lo llevará a la página de *Child Details* (*Detalles de los niños*).

Name	Date of Birth	Care Type	
Adam Angry	1/1/2016	Full-Time Care	Copy ▶

9

COVID-19 Payments – Add Child

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

Child Details

First Name: Adam
Middle Initial:
Last Name: Angry
Date of Birth: 1/1/2016
Care Type: Full-time Care Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports? Yes No

Does this child have an Individualized Family Service Plan (IFSP)? Yes No

Does the child receive Birth to 3 Services? Yes No

Speaks language other than English? Yes No

Experiencing homelessness? Yes No

Living in tribal community? Yes No

WI Shares recipient during 09/26/2021 – 10/09/2021? Yes No

Attend during 09/26/2021 – 10/09/2021? Yes No

Comments:

Add

Child List

Verifique los detalles de cada niño que figura en la lista que se copió e indique si el niño asistió al menos un día durante el **Count Week (Semana de Recuento)**.

Haga clic en el botón **Add (Agregar)** una vez que haya completado toda la información que se solicita en la página.

Agregar detalles sobre los niños

10. Agregar niños a la solicitud

Después de agregar un niño a la solicitud, será direccionado a la *Child List (Lista de niños)* donde se muestran todos los niños agregados a su solicitud. Haga clic en el botón **Add Child (Agregar niño)** para continuar agregando niños a su solicitud. Recuerde, la cantidad de niños que se muestran en esta sección debe coincidir con la cantidad de niños que figuran como inscritos en la sección *Grant Details (Detalles de la subvención)*.

10 COVID-19 Payments – Child List

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura [...More](#)

Name	Date of Birth	Care Type	Details
Adam Angry	1/1/2016	Full-Time Care	Details ▶
Timmy Fipps	10/21/2018	Full-Time Care	Details ▶
Dodi Mcdodi	9/23/2017	Full-Time Care	Details ▶
Jimbo Mcdiggitywiggity	11/30/2019	Full-Time Care	Details ▶

Add Child ▶

Si necesita actualizar o revisar la información sobre un niño específico, haga clic en el botón **Details (Detalles)** para acceder a los datos de ese niño.

Agregar detalles sobre los niños

Haga clic en el botón **...More (... Más)** para acceder al botón **Modify Child (Modificar detalles del niño)**.

10 **COVID-19 Payments – Child Details**

Common Details	
Payment Month	October 2021
Grantee Name	Lake, Laura
...More	

Child Details for COVID-19 Payments	
First Name	Adam
Middle Initial	
Last Name	Angry
Date of Birth	1/1/2016
More	

[Child List](#)

Si agregó un niño a la solicitud por error, puede eliminarlo marcando la casilla **Remove this child from the grant?** (¿Eliminar a este niño de la subvención?)

Remove this child from the grant?	<input type="checkbox"/>
Save	

Haga clic en **Save (Guardar)** en la página *Modify Child Details (Modificar detalles del niño)* si ha cambiado alguna información. Puede continuar agregando niños, según sea necesario o marcar la casilla de verificación y haga clic en el botón de **Verify (Verificar)**.

Cargue Documentación de Respaldo

11

11. Una vez que haya agregado todos los niños, haga clic en la casilla de verificación y haga clic en el botón **Verify (Verificar)**.

Se le llevará a la página **Verification Documents** (Documentos de verificación). Aquí, cargará documentación que muestre evidencia de que los niños ingresados en esta solicitud están inscritos y asisten a esta instalación.

Por ejemplo:

- Seleccione el tipo de archivo, en el menú desplegable: estamos eligiendo Registros de asistencia de niños.
- Haga clic en **UPLOAD (Cargar)** para seleccionar el archivo de su computadora.
- Elija **SAVE DOCUMENTS (Guardar Documentos)**.
- El documento se agregará a su lista. Cuando haya cargado los documentos apropiados, haga clic en el botón **Submit Application (Enviar solicitud)**.

Name	Date of Birth	Care Type	
Adam Angry	1/1/2016	Full-Time Care	Details ▶
Timmy Fipps	10/21/2018	Full-Time Care	Details ▶
Dodi Mcdodi	9/23/2017	Full-Time Care	Details ▶
Jimbob Mcdiggitywiggity	11/30/2019	Full-Time Care	Details ▶

Documents

Date	Type
No results found.	

Document Type: Children Attendance Records

File Name: CHILD ATTENDANCE REC

Documents

Date	Type
10/20/20	CHILD Document: Children Attendance Records

Finalizar Su Solicitud

COVID-19 Payments - Submit Application

Common Details

Payment Month: October 2021
Grantee Name: Rory, Mick

Payment Program Details for Increasing Access To High-Quality Care

Payment Program: Increasing Access To High-Quality Care
Grant Application ID: P000000350
Number of Children attended: 4
Grant Status: Incomplete

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the *Child Care Counts Stabilization Payment Program*

Count Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level, for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting *Child Care Counts Stabilization Payment Program* funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (lay off without pay) staff who appear on my center's application. *Child Care Counts Stabilization Payment Program* funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a Future Application Week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
 - I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I agree to above Confirmation and Acceptance of Funds terms.

Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
 - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-335-3650 or DCF@CECOVID19CFPayments@wisconsin.gov.
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
 - I understand that I must update child and staff information every month following my initial application.
 - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
 - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application week and each subsequent Monthly Update Week.
 - In compliance with background check requirements.
 - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - Currently repaying any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Qualifications terms.

Allowable Use of Funds

If I receive funding for Program A - Increasing Access To High-Quality Care I agree to the following:

- I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
- I will use the funds for the following purposes:
 - Operating expenses, necessary to remain open, including but not limited to mortgage, rent/space costs, utilities, insurance, business-related taxes, and payroll/benefits
 - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation
 - Materials/supplies for enhancing the program environment and curriculum, and social and emotional development supports
 - Professional development and/or continuing education
 - Additional costs to ensure high-quality programming
 - Mental health services for children and employees
 - Relief from copayments and tuition payments for families
 - Families can be relieved of out-of-pocket costs, such as tuition or co-pays paid for child care. Wisconsin Shares payments to families cannot be reimbursed.
 - Providers are encouraged to offer relief from copayments and tuition payments, if financially possible, prioritizing families most in need of financial relief.

I agree to above Allowable Use of Funds terms.

Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
 - Program records and supporting documentation related to my application:
 - Documentation to verify attendance of children entered on my application and during each Count Week
 - Documentation to verify staff employed at time of application and during each Count Week
 - Expenditure records and supporting documentation related to costs incurred and how program/funding was spent, including, but not limited to:
 - Mortgage/rent/space cost statements
 - Utility statements
 - Payroll and benefits records
 - Documentation of relief of tuition or payment for families
 - Expenditures for mental health supports for families and staff
 - Original invoices and/or receipts for purchases of materials/supplies including, but not limited to:
 - PPE, cleaning and sanitation supplies, and all other materials and services related to mitigating the risk of COVID-19
 - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Documentation terms

Application Details

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Update SPA OVA Privileges

12. Revisar la solicitud que está por enviar

Debe corregir cualquier entrada con texto rojo. Le dan detalles específicos sobre un desajuste u otro problema con la entrada.

12

- Confirmation and Acceptance of Funds:** You must accept the Confirmation and Acceptance of Funds terms before submit.
- Qualifications:** You must accept the Qualifications terms before submitting.
- Allowable Use of Funds:** You must accept the Allowable Use of Funds terms before submitting.
- Documentation:** You must accept the Documentation terms before submitting.

Cualquier texto en rojo indica que hay un error que necesita corrección. La información inconsistente y/o incorrecta retrasará el proceso y/o podría impedir que su solicitud sea procesada. **Es imperativo que regrese y corrija los problemas señalados en color rojo.** Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para obtener ayuda.

Haga clic en **Application Details** (Detalles de la aplicación) para volver a la aplicación y corregir la información, según sea necesario.

Finalizar Su Solicitud

13.Revisar los Términos y Condiciones

Después de revisar su información, lea los **Terms and Conditions (Términos y Condiciones)** del programa.



Tenga en cuenta que recomendamos encarecidamente imprimir y/o guardar estos Términos y Condiciones y archivar todos los documentos de gastos relacionados en un lugar seguro.

13. Enviar su solicitud

Una vez que haya leído los **Términos y Condiciones** sera requerido a marcar varias Casillas aceptando los términos. Una vez haya aceptado a todos haga clic en el botón **Submit (Enviar)** para enviar su solicitud para el programa.

13

13 Payments - Submit Application

Common Details	
Payment Month	October 2021
Grantee Name	Rory Mick

Payment Program Details for Increasing Access To High-Quality Care	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000000390
Number of Children attended	4
Grant Status	Incomplete

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the *Child Care Counts Stabilization Payment Program*

Count Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting *Child Care Counts Stabilization Payment Program* funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (pay off without pay) staff who appear on my center's application. *Child Care Counts Stabilization Payment Program* funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future Application Week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following: changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I agree to above Confirmation and Acceptance of Funds terms.

Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
 - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 608-535-3650 or DCFCOUNTDOWN@dcf.wisconsin.gov.
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I understand that I must update child and staff information every month following my initial application.
 - Failure to update child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
 - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application week and each subsequent Monthly Update Week.
 - In compliance with background check requirements.
 - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - Currently repaying any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Qualifications terms.

Allowable Use of Funds

If I receive funding for Program A - Increasing Access To High-Quality Care I agree to the following:

- I will use the funds to support necessary and reasonable costs of maintaining or enhancing high-quality care.
- I will use the funds for the following purposes:
 - Operating expenses necessary to remain open, including but not limited to mortgage, rent/space costs, utilities, insurance, business-related taxes, and payroll/benefits
 - Expenses related to mitigating the risk of COVID-19, including but not limited to personal protective equipment (PPE) and supplies for cleaning and sanitation
 - Materials/supplies for enhancing the program environment and curriculum, and social and emotional development supports
 - Professional development and/or continuing education
 - Additional costs to ensure high-quality programming
 - Mental health services for children and employees
 - Relief from copayments and tuition payments for families
 - Families can be relieved of out-of-pocket costs, such as tuition or co-pays paid for child care. Wisconsin Shares payments to families cannot be reimbursed.
 - Providers are encouraged to offer relief from copayments and tuition payments, if financially possible, prioritizing families most in need of financial relief.

I agree to above Allowable Use of Funds terms.

Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
 - Program records and supporting documentation related to my application:
 - Documentation to verify attendance of children entered on my application and during each Count Week.
 - Documentation to verify staff employed at time of application and during each Count Week.
 - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Mortgage/rent/space cost statements
 - Utility statements
 - Payroll and benefits records
 - Documentation of relief of tuition or copayment for families
 - Expenditures for mental health supports for families and staff
 - Original invoices and/or receipts for purchases of materials/supplies including, but not limited to: PPE, cleaning and sanitation supplies and all other materials and services related to mitigating the risk of COVID-19
 - Materials and supplies for enhancing the program environment and/or curriculum, and social and emotional development supports
 - Educational supplies and learning materials
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Documentation terms

13

Application Details

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Update SPA CWA Privileges

Realizar Modificaciones Después del Envío

14

COVID-19 Payments – Application Details

Common Details	
Grantee First Name	Mick
Grantee Middle Initial	
Grantee Last Name	Rory
Grantee Email	mickr@suzyys.com
Grantee Phone	(608) 555-5555
Payment Month	October 2021
Was your facility open during Count Week 09/26/2021-10/09/2021?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No

[Modify Common Details](#)

Payment Program Details for <i>Increasing Access To High-Quality Care</i>	
Payment Program	Increasing Access To High-Quality Care
Grant Application ID	P000000390
Number of Children attended	4

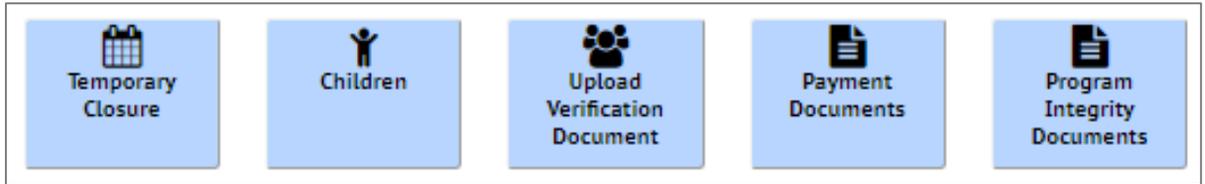
14. Realizar actualizaciones después de enviar la solicitud

Después de haber enviado su solicitud tendrá la posibilidad de actualizar la información hasta la medianoche de la fecha tope del periodo de solicitud. Deberá modificar cada sección y el detalle de la información.

Para modificar los *detalles comunes*, haga clic en el botón **Modify Common Details (Modificar detalles comunes)**.

Para modificar los *detalles de la solicitud*, en específico el número de niños inscritos durante el periodo de financiamiento, seleccione el botón **Modify Application Details (Modificar detalles de la solicitud)**. Recuerde, cualquier cambio en el número de niños afectará el número de niños que se deben ingresar en el módulo *Add Children (Agregar niños)*.

Realizar modificaciones después del envío



Puede utilizar los botones **Temporary Closure (Cierre temporal)**, **Operational Hours (Horario de funcionamiento)**, **Staff (Personal)**, **Children (Niños)**, **Closure/Reopen (Cierre/reapertura)** para actualizar esas secciones específicas de la solicitud. Consulte las instrucciones previas de esta guía para obtener información específica.



PARA SOLICITAR EL PROGRAMA DE PAGO B
Fondos de contratación y retención de la fuerza laboral

Comenzar la Solicitud

1. Comenzar la solicitud

En la página *Payment Program Summary*

(*Resumen del programa*

de pago), solicite un programa específico haciendo clic en el

botón **Apply (Solicitar)** que corresponda. En este caso,

debería hacer clic en el botón **Apply (Solicitar)** junto al

programa *Funding Workforce Recruitment and Retention*

Program (**Fondos de contratación y retención de la fuerza**

laboral).

COVID-19 Payment Application List				
Apply for COVID-19 payments and view details of payment program applications already started or completed.				
Payment Program Summary				
Payment Month	When Can I Apply?/Update	Payment Program	Status	
October 2021	October 18 - November 09	Increasing Access To High-Quality Care	Not Applied	Apply ▶
October 2021	October 18 - November 09	Funding Workforce Recruitment And Retention	Not Applied	Apply ▶

1

2. Revisar la información del Programa de pago

Después de seleccionar solicitar un programa de pago, verá una pantalla

informativa que detalla lo

siguiente:

- Resumen del programa de pago específico
- Cuándo puede solicitar el proveedor
- Información que se recopilará en la solicitud
- Qué sucede después de presentar la solicitud

Child Care Provider Portal
Welcome, Laura

PRDC Site
123 Licensed Street
New, WI 54545-5453

00000337...
Facility ID 12325812
FIS Provider ID 00129267

COVID-19 Payments

Please read all the below details before proceeding with application

COVID-19 Payments Information

IMPORTANT NOTICE: The Child Care Counts programs are time-limited payment programs designed to provide assistance to child care providers in response to the COVID-19 public health emergency. They are not grants as that term is defined in 45 CFR 72 and related federal regulations, and use of the word "grant" is incidental.

What is Program B: Funding Workforce Recruitment And Retention?
This payment program is intended to support the costs associated with recruiting and retaining high-quality early care and education staff through funding to increase compensation and provide professional development opportunities. Full details about the program can be viewed on the [payment information page](#).

When Can I Apply?
You may apply for this payment anytime from 10/18/2021 - 11/09/2021. You may make changes to your application until the last day. After that, your information will be locked so that the determination and payment process may proceed.

What information do I need to gather to complete this application?
The following information will be collected:

- Facility details (contact information, summary information about your staff and children)
- Temporary closures
 - **Note:** you must be open during the Count Week identified in this application in order to be eligible for this program.
- Staff information (employment status, part/full-time status and current wages/rate of pay)
- Child attendance information (if only applying for Program B)

What information do I need to upload to complete this application?

- Staff payroll records for 09/26/2021 - 10/09/2021.
- Child attendance records (unless already uploaded with Program A application)

Staff payroll records must be uploaded with your initial application (and in future months when requested) in order to be eligible for ongoing monthly payments. If you are only applying for Program B, child attendance records must also be uploaded with your initial application (and in future months when requested).

What happens after I submit my application?
After the Application Week has closed, DCF will evaluate and determine payments.

- You will be notified by email when the review process has been completed.
- Payments will be made through either direct deposit or check. To receive your money the fastest, register with FIS, if you haven't done so already. FIS registration may take up to 10 business days and must be finalized before the end of the review period in order to receive your payment through direct deposit.
- If you prefer to receive a check, you will receive additional instructions with your payment letter. Please note that receiving a check will take longer than direct deposit through FIS.

This is a nine-month payment program that runs November 2021 through July 2022. If approved for payments, you must update your child attendance and staff information every month during the Monthly Update Week.

Continue

2

3

3. Continue

Haga clic en **Continue (Continuar)** para ir a la página **Application Details (Detalles de la solicitud)**.

Agregar detalles de su ubicación a la solicitud

COVID-19 Payments – Add Application Details
Add common and payment program details for Funding Workforce Recruitment And Retention

Grantee Details

Payment Month: October 2021

Grantee First Name *

Grantee Middle Initial

Grantee Last Name *

Grantee Email *

Grantee Phone *

Tell us if your program is opened or closed due to COVID-19

Was your facility open during Count Week 09/26/2021-10/09/2021? * Yes No

Tell us about the children at your facility

Did your facility serve any children with disabilities? * Yes No

Did your facility serve any children who speak languages other than English? * Yes No

Did your facility serve any children who are experiencing homelessness? * Yes No

Did your facility serve any children from tribal communities? * Yes No

Payment Program Details for Funding Workforce Recruitment And Retention

Payment Program: Funding Workforce Recruitment And Retention

Number of Children attended *

Comments

4. Agregar detalles de la persona beneficiaria
Se ha determinado un periodo de financiamiento único para esta solicitud.

Asegúrese de ingresar si o no a las preguntas marcados con un asterisco rojo. *

Si ingresa detalles inexactos podría retrasar su solicitud.

5. Cuéntenos sobre la apertura/cierre del programa
¿Su programa estaba operativa durante la **semana de recuento**?



NOTA: Si solicitó financiamiento anterior mediante el *Programa Child Care Counts Payment (El cuidado infantil importa)* original, muchos de los campos de la solicitud se completarán de manera automática. Revise todos los campos que se completan de manera automática para asegurarse de que la información sea correcta y actualice los datos según sea necesario.

Actualizar o Verificar Cierres Temporales de la Ubicación

6. Cierres temporales

Se le pedirá que verifique si hubo cierres temporales durante el periodo de financiamiento. Si la información sobre los cierres ya se actualizó en el Portal para proveedores (CCPP), esos detalles se mostrarán aquí. Si necesita agregar un periodo de cierre temporal, seleccione el botón **Add Temporary Closure (Agregar cierre temporal)**, será dirigido a la pantalla **Closure Schedule (Programación de cierres)** que se muestra a

6 continuación.

COVID-19 Payments - Temporary Closure

Common Details
Payment Month: October 2021
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From	To	Closure Reason	Comments
11/08/21	11/09/21	COVID-19 Exposure of Child(ren) to COVID-19	Jimmy Flippo and Jeannie Flippo both were in contact with a cousin who had COVID-19

I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

Add Temporary Closure **Child List** **Verify**

COVID-19 Payments - Add Closure Schedule

Common Details
Payment Month: October 2021
Grantee Name: Licensed, Lisa

Verify Temporary Closure

From Date: 11/9/2021
To Date: (Select a date between 9/26/2021 and 10/9/2021)

Closure Reason: COVID-19 Exposure of Staff to COVID-19
COVID-19 Exposure of Child(ren) to COVID-19
COVID-19 Business decision
COVID-19 Lack of families
COVID-19 Lack of staff
COVID-19 Lack of supplies
COVID-19 Other

Add

Ingrese las fechas de cierre y seleccione la razón del cierre que corresponde de la lista del menú.

Después de incluir todos los cierres temporales que correspondan, haga clic en la casilla de verificación que indica que ha registrado y verificado con precisión todos los cierres temporales de su ubicación.



Una vez que haya ingresado todos los cierres temporales, marque la casilla y seleccione Verificar para continuar la aplicación.

I verify that the closures listed above are accurate and complete for the period of 9/26/2021 to 10/9/2021.

Verify

Verifico que los cierres enumerados anteriormente sean precisos y completos para el período del 9/26/2021 al 9/10/2021

Agregar Detalles de su Ubicación a la Solicitud

experiencing homelessness? *

Did your facility serve any children from tribal communities? * Yes No

Payment Program Details for *Funding Workforce Recruitment And Retention*

Payment Program Funding Workforce Recruitment And Retention

Number of Children attended * ⓘ ← 7 ←

Comments

Add

◀ **Payment Program Summary**

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7. Cuéntenos sobre los niños inscritos en su programa

En esta sección, puede hacer clic en el icono ⓘ para obtener más información sobre la pregunta.

Number of Children attended * ⓘ

Enter the number of children who attended at least one day between 9/26/2021 and 10/9/2021 at this location.

En este caso, al hacer clic en el icono para obtener más información, se le indicará que debe agregar la cantidad de niños que asistieron a su ubicación **AL MENOS** un día durante el **COUNT WEEK (SEMANA DE RECUESTO)**.

Haga clic en **Add (Agregar)** para pasar a la siguiente página.

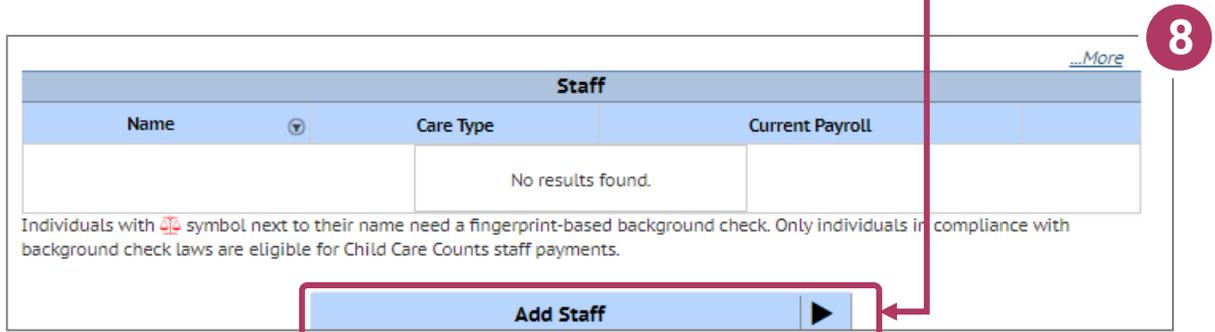


NOTA: Si ve el icono junto a un campo y no está seguro de qué información ingresar, haga clic en el icono ⓘ para obtener más información sobre los datos que se están pidiendo que ingrese.

Agregar Personal al Programa

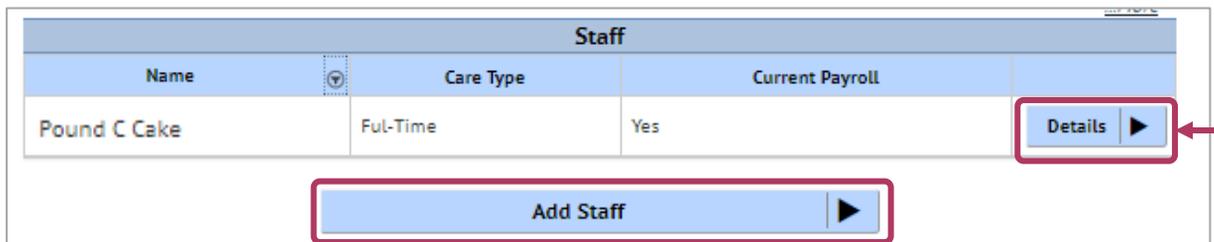
8. Revisar el personal vinculado a la ubicación

Se le pedirá que verifique a todos los miembros del personal que trabajaron en su ubicación durante el periodo de financiamiento. Todas las personas vinculadas a su ubicación se mostrarán en esta página. Si usted no aplico anteriormente, puede ser que inicialmente la pagina indique 'No results found' (No se encontraron resultados), en ese caso, haga clic en **Add Staff (Agregar personal)**.



A screenshot of a web interface showing a table titled "Staff". The table has three columns: "Name", "Care Type", and "Current Payroll". The table is currently empty, displaying "No results found." in the center. Below the table, there is a note: "Individuals with [fingerprint icon] symbol next to their name need a fingerprint-based background check. Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments." At the bottom of the table area, there is a blue button labeled "Add Staff" with a right-pointing arrow. A red circle with the number "8" is in the top right corner. A red line connects the "Add Staff" button to the text above.

Aquí usted puede ver y agregar personal. Para agregar personal, haga clic en el botón **Add Staff (Agregar Staff)**.



A screenshot of the same web interface, but now the "Staff" table contains one row with the following data: Name: "Pound C Cake", Care Type: "Ful-Time", Current Payroll: "Yes". To the right of this row is a blue button labeled "Details" with a right-pointing arrow. Below the table, the "Add Staff" button is still present. Red boxes highlight the "Add Staff" button and the "Details" button. Red lines connect these buttons to the text below.

Haga clic aquí para agregar personal

Haga clic aquí para ver los detalles del personal.



Si es un proveedor familiar y es el único empleado en su ubicación, solo tendrá que agregar sus datos.

Agregar Personal al Programa

9. Revisar el personal vinculado a la ubicación

Usted estará en la página de Staff (Personal), para revisar todas las personas adjuntas a la solicitud, vinculadas a su ubicación.

9 /ID-19 Payments - Staff
Attached to COVID-19 Payments Request

Common Details
Payment Month: October 2021
Grantee Name: Licensed Child Care Center

Staff

Name	Care Type	Current Payroll
No results found.		

Individuals with  symbol next to their name need a fingerprint-based background check. Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments.

Add Staff

Para agregar un miembro del personal para ser considerado para la financiación del programa, use el botón **Select (Seleccionar)** para completar los detalles del nivel del personal. Cuando haya terminado de agregar todas las personas a la solicitud, seleccione el botón **Add Child (Agregar niño)** para continuar con la solicitud.

Individuals

Name	Role(s)	Employment Period	
Andy Angry	Administrator	05/07/20	Select
Eeva Emergency	Director	03/27/20	Select
 Erik Emergency	Director	04/01/20	Select
Tom Trouble	Director - Assistant	05/07/20	Select

COVID-19 Payments - Staff
Add Staff

Common Details
Payment Month: October 2021
Grantee Name: Lake, Laura

Individual
Name: Andy Angry
Employment Period: 5/7/2020

Staff Details
Care Type? This person typically works 21 or more hours per week at this location
 This person typically works 20 or fewer hours per week at this location

Is the individual on payroll at anytime between 09/26/2021 and 10/09/2021? Yes No

Comments

Add Staff

Staff List

Individual

Name	 Erik Emergency
Employment Period	4/1/2020

Nota: Personas con el símbolo rojo al lado de su nombre, necesita una verificación de antecedentes. **Solo las personas en cumplimiento con las verificaciones de antecedentes, son elegibles para los pagos del Cuidado Infantil Importa.**

Agregar Detalles Sobre los Niños

10. Agregar niños a la solicitud

Se le pedirá que agregue a *todos* los niños que asistieron a su programa al menos un día durante el **Count Week (Semana de Recuento)**. La cantidad de niños agregados en esta sección debe ser igual a la cantidad de niños que indicó que asistieron en la primera página de la solicitud: *Add Application Details (Agregar detalles a la solicitud)*.

Name	Date of Birth	Care Type
No results found.		

10 Add Child

Haga clic en el botón **Add (Agregar)** para agregar niños a su solicitud.

Name	Date of Birth	Care Type
Adam Angry	1/1/2016	Full-Time Care

Add Child

Aquí puede agregar niños de solicitudes anteriores. Haga clic en el botón **Copy (Copiar)** para agregar los niños a su solicitud.

También puede agregar nuevos niños a esta solicitud.

Name	Date of Birth
No results found.	

Add Child

Puede ver los niños que estaban inscritos en Wisconsin Shares durante el **Count Week (Semana de Recuento)**.

Haga clic en el botón **Agregar** una vez que haya completado toda la información de la página.

Lista de Niños Incluidos en la Solicitud de Pago Anterior

11. Verificar la lista de niños incluidos en una solicitud anterior

Si solicitó fondos del *Child Care Counts (El Cuidado Infantil Importa)* antes, los niños que agregó en su solicitud anterior aparecerán en esta sección y se podrían copiar en su solicitud actual. Haga clic en **COPY (COPIAR)** para agregar los niños a su solicitud. Esto lo llevará a la página de *Child Details (Detalles de los niños)*.

Children included in previous application			
Name	Date of Birth	Care Type	
Adam Angry	1/1/2016	Full-Time Care	Copy ▶

11

COVID-19 Payments – Add Child

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

Child Details

First Name * Adam
Middle Initial
Last Name * Angry
Date of Birth * 1/1/2016
Care Type * Full-time Care Part-time Care

Does this child have an Individualized Education Program (IEP) and receive special education services and/or supports? * Yes No

Does this child have an Individualized Family Service Plan (IFSP)? * Yes No

Does the child receive Birth to 3 Services? * Yes No

Speaks language other than English? * Yes No

Experiencing homelessness? * Yes No

Living in tribal community? * Yes No

WI Shares recipient during 09/26/2021 – 10/09/2021? * Yes No

Attend during 09/26/2021 – 10/09/2021? * Yes No

Comments

Add

Child List

Verifique los detalles de cada niño que figura en la lista que se copió e indique si el niño asistió al menos un día durante el **Count Week (Semana de Recuento)**.

Haga clic en el botón **Add (Agregar)** una vez que haya completado toda la información que se solicita en la página.

Agregar Detalles Sobre los Niños

12. Agregar niños a la solicitud

Después de agregar un niño a la solicitud, será direccionado a la *Child List (Lista de niños)* donde se muestran todos los niños agregados a su solicitud. Haga clic en el botón **Add Child (Agregar niño)** para continuar agregando niños a su solicitud. Recuerde, la cantidad de niños que se muestran en esta sección debe coincidir con la cantidad de niños que figuran como inscritos en la sección *Grant Details (Detalles de la subvención)*.

12 COVID-19 Payments – Child List

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

[...More](#)

Name	Date of Birth	Care Type	Details
Adam Angry	1/1/2016	Full-Time Care	Details ▶
Timmy Fipps	10/21/2018	Full-Time Care	Details ▶
Dodi Mcdodi	9/23/2017	Full-Time Care	Details ▶
Jimbo Mcdiggitywiggity	11/30/2019	Full-Time Care	Details ▶

Add Child ▶



Si necesita actualizar o revisar la información sobre un niño específico, haga clic en el botón **Details (Detalles)** para acceder a los datos de ese niño.

Agregar detalles sobre los niños

Haga clic en el botón **...More (... Más)** para acceder al botón **Modify Child (Modificar detalles del niño)**.

12 COVID-19 Payments – Child Details

Common Details	
Payment Month	October 2021
Grantee Name	Lake, Laura
...More	

Child Details for COVID-19 Payments	
First Name	Adam
Middle Initial	
Last Name	Angry
Date of Birth	1/1/2016
More	

[Child List](#)

Si agregó un niño a la solicitud por error, puede eliminarlo marcando la casilla **Remove this child from the grant?** (¿Eliminar a este niño de la subvención?)

Remove this child from the grant?	<input type="checkbox"/>
Save	

Haga clic en **Save (Guardar)** en la página *Modify Child Details (Modificar detalles del niño)* si ha cambiado alguna información. Puede continuar agregando niños, según sea necesario o marcar la casilla de verificación y haga clic en el botón de **Verify (Verificar)**.

Cargar Documentos de Verificación

13

13. Una vez que haya agregado todos los niños, haga clic en la casilla de verificación y haga clic en el botón **Verify (Verificar)**.

Se le dirigirá a la página **Verification Documents** (Documentos de verificación). Aquí, cargará documentación que muestre evidencia de que el personal ingresado en esta solicitud está en la nómina de esta instalación.

Por ejemplo:

- A. Seleccione el tipo de archivo, en el menú desplegable: estamos eligiendo **Registros de nómina de empleados**.
- B. Haga clic en **Upload (Cargar)** para seleccionar el archivo de su computadora.
- C. Elija **Save Documents (Guardar Documentos)**.
- D. El documento se agregará a su lista. Cuando haya cargado los documentos apropiados, haga clic en el botón **Submit Application (Enviar solicitud)**.

Common Details			
Payment Month	October 2021		
Grantee Name	Lake, Laura		
Name	Date of Birth	Care Type	Details
Adam Angry	1/12/2016	Full-Time Care	Details
Timmy Fipps	10/21/2018	Full-Time Care	Details
Dodi Mcdodi	9/23/2017	Full-Time Care	Details
Jimbo Mcdiggibywiggy	11/30/2019	Full-Time Care	Details

The documentation must contain the following information:

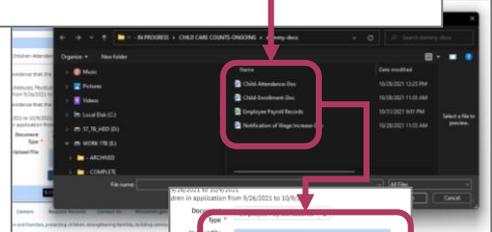
- Staff full name
- Staff current hourly wage or yearly salary
- Schedule or worked hours (confirm part-time or full-time status)

Failure to upload documents may result in denial of Program A funds. If you have any questions or need assistance, please refer to Provider Portal Upload Guide or contact the call center at: DCF@DCFCOVID19CCPayments@wisconsin.gov

When uploading you should know:

- Files should be uploaded as PDF, JPG, or Word format.
- Individual file size cannot be larger than 10MB. If you have a scanner/copy that does multiple pages into a PDF, that's equivalent to about 20 pages.

The Department of Children and Families, protecting children, strengthening families, sustaining communities.



Date	Type
11/25/21	Staff Document: Employee Payroll Records
11/25/21	Child Document: Children Attendance Records

Finalizar Su Solicitud

Welcome, Laura

Logout

COVID-19 Payments - Submit Application

Common Details	
Payment Month	October 2021
Grantee Name	Lake, Laura

Payment Program Details for Funding Workforce Recruitment And Retention

Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R000000359
Number of Children attended	6
Grant Status	Incomplete

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the Child Care Counts Stabilization Payment Program

Count Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week.

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

I certify that all information provided in this application is true and correct to the best of my knowledge.

- By accepting Child Care Counts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (lay off without pay) staff who appear on my center's application. Child Care Counts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Wisconsin Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If, at any time during the program, I am found to be ineligible or not adhering to the terms and conditions, my payments will be discontinued. When eligibility issues are resolved, I may reapply during a future application week.
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount may fluctuate based on the following changes in enrollment or staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
- I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I agree to above Confirmation and Acceptance of Funds terms.

Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
 - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Counts call center at 408-533-3659 or DCFCOVID19DCFPayments@wisconsin.gov.
- I understand that I must update child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
- I understand that I must update child and staff information every month following my initial application.
 - Failure to update child and staff information may result in non-payment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
 - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application week and each subsequent Monthly Update Week.
 - In compliance with background check requirements.
 - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - Currently holding any employment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Counts overpayments are owed.
- I understand that the Department of Children and Families may monitor and review my application and use of program funds.

I agree to above Qualifications terms.

Allowable Use of Funds

Under Program B – Funding Staff Recruitment And Retention Efforts, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar also will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter.

If I receive funding for Program B – Funding Staff Recruitment And Retention Efforts I agree to the following:

- I will use the funds to support necessary and reasonable costs associated with recruiting and retaining high-quality staff by providing wage increases, bonuses, and/or benefits to current or future employees with approved background checks.
- I will increase compensation through wages, bonuses, or benefits for each staff person included in that month's Count Week by at least the Base Per-Staff amount.
 - For programs participating in YoungStar, I will use the awarded Quality Incentive Per-Staff amount towards one or more of the following: wage increases; bonuses; benefits; professional development; and staff trainings, scholarships, or other continuing education expenses.
 - I will not use the funds to pay payroll vendors.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
 - High-level administration staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to center directors, center administrators, and licenses.
 - For certified providers: In accordance with DCF 202.08(1m)(f) all providers must also be approved by the certification worker prior to working in the program.
 - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

I agree to above Allowable Use of Funds terms.

Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
 - Program records and supporting documentation related to my application:
 - Documentation to verify attendance of children enrolled on my application and during each Count Week.
 - Documentation to verify staff employed at time of application and during each Count Week.
 - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Employee payroll registers or other payroll system substantiation of pay rate increase
 - Communications/notification to employees of wage increase or personnel policy explaining wage increase
 - Receipts for ongoing support for staff retention, including training, professional development, and continuing education
 - Documentation to verify use of funds for recruitment efforts for hiring new staff
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
- Expenses cannot have already been funded by a prior DCF program or reimbursed by another state or federal fund source.

I agree to above Documentation terms

Submit

Application Details

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The Department of Children and Families, protecting children, strengthening families, building communities.

Update SPA CWA Privileges

14. Revisar la solicitud que está por enviar

Debe corregir cualquier entrada con texto rojo. Le dan detalles específicos sobre un desajuste u otro problema con la entrada.

14

- Confirmation and Acceptance of Funds: You must accept the Confirmation and Acceptance of Funds terms before submitting.
- Qualifications: You must accept the Qualifications terms before submitting.
- Allowable Use of Funds: You must accept the Allowable Use of Funds terms before submitting.
- Documentation: You must accept the Documentation terms before submitting.

Cualquier texto en rojo indica que hay un error que necesita corrección. La información inconsistente y/o incorrecta retrasará el proceso y/o podría impedir que su solicitud sea procesada. **Es imperativo que regrese y corrija los problemas señalados en color rojo.**

Si tiene problemas para corregir y/o modificar su solicitud, envíe un correo electrónico o llame para obtener ayuda.

Haga clic en **Application Details** (Detalles de la aplicación) para volver a la aplicación y corregir la información, según sea necesario.

Finalizar su solicitud

15.Revisar los Términos y Condiciones

Después de revisar su información, lea los **Terms and Conditions (Términos y condiciones)** del programa.



Tenga en cuenta que recomendamos encarecidamente imprimir y/o guardar estos **Términos y condiciones** y archivar todos los documentos de gastos relacionados en un lugar seguro.

15. Enviar su solicitud

Una vez que haya leído los **Términos y condiciones** será requerido a marcar varias casillas aceptando los términos. Una vez haya aceptado a todos haga clic en el botón **Submit (Enviar)** para enviar su solicitud para el programa.

15

COVID-19 Payments - Submit Application

Common Details

Payment Month	October 2021
Grantee Name	Lake, Laura

Payment Program Details for Funding Workforce Recruitment And Retention

Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R00000359
Number of Children attended	6
Grant Status	Incomplete

Terms and Conditions

Confirmation and Acceptance of Funds

Definition of terms Included in these Terms and Conditions

Application Week: The timeframe during which providers can enter or re-enter the Child Care Courts Stabilization Payment Program

Count Week: The point in time for which child and staff information is collected for payment calculations

Monthly Update Week: The timeframe during which providers report any changes or confirm child attendance and staffing from the previous Count Week

Base Per-Staff Amount: Program B payment amount for each eligible full-time/part-time staff listed in the application

Quality Incentive Per-Staff Amount: Program B additional payment amount based on YoungStar star level for each eligible full-time/part-time staff listed in the application

- I certify that all information provided in this application is true and correct to the best of my knowledge.
- By accepting Child Care Courts Stabilization Payment Program funds, I agree to all items included in these Terms and Conditions.
- I will pay at least the same amount in staff weekly wages and maintain the same benefits for the duration of the payment program for which I receive funding.
- I will not involuntarily furlough (lay off without pay) staff who appear on my center's application, Child Care Courts Stabilization Payment Program funds for staff may be halted only upon their termination for cause or their voluntary separation from my center.
- I will implement policies in compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders, and I will, to the greatest extent possible, implement policies in line with guidance from the Center for Disease Control (CDC) for child care programs.
- I understand that this program will require monthly updates to number of children attending and staff employed during the Count Week.
- I understand and agree that this is a nine-month payment program that runs November 2021 through July 2022.
 - I can opt out of the program by withdrawing my application before the end of the monthly Application Week.
 - If at any time during the program, if my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Courts call center at 608-333-3650 or DCF@COVID19CPayments@wisconsin.gov
 - If I am awarded funds, DCF will calculate an ongoing monthly payment amount for my program as stated in my Payment Letter. This monthly amount is based on the center's enrollment and staffing reported as required by the program Terms and Conditions, available funding, and adjustments DCF makes to the program. This ongoing monthly amount will be indicated in my Payment Letter. DCF will reserve funds for the nine-month amount as indicated in my Payment Letter.
 - I understand that DCF may require repayment of funds disbursed if terms and conditions are not met, and I agree to repay the funds if I fail to meet the terms and conditions of the program.

I agree to above Confirmation and Acceptance of Funds terms.

Qualifications

- I certify that my program is currently regulated and in good standing during the Count Week and as of the last date of the Application Week and subsequent Monthly Update Weeks.
- I must be open and caring for children ages 0 through 12, or under age 19 for children with disabilities, during the Count Week identified for each month.
 - If I have a temporary closure due to COVID exposure, I must plan to reopen within 14 days of the date of closure in order to receive funding for the following month. If my program will not be able to reopen within 14 days of the COVID exposure related closure, I must notify the Child Care Courts call center at 608-333-3650 or DCF@COVID19CPayments@wisconsin.gov
- I understand that I must upload child attendance records and staff employment records with my initial application and when requested during future Monthly Update Weeks.
 - Failure to upload child and staff information every month following my initial application.
 - Failure to upload child and staff information may result in an overpayment, and I must return any funds that should not have been awarded based on the actual child or staff counts for the month.
- I understand that in order to be eligible for payments, I must meet the following qualifications:
 - Regulated and in good standing as defined by the Department of Children and Families (DCF) as of the last date of Application Week and each subsequent Monthly Update Week.
 - In compliance with background check requirements.
 - In compliance with health and safety administrative rules for child care providers as outlined by DCF Child Care Regulation and meet the requirements of any local orders.
 - Currently residing in any overpayment and/or in compliance with any Repayment Agreement, if any Wisconsin Shares or Child Care Courts overpayments are owed.
- I understand that my Department of Children and Families provider and activity my application and use of program funds.

I agree to above Qualifications terms.

Allowable Use of Funds

Under Program B – Funding Staff Recruitment And Retention Efforts, all programs will receive a Base Per-Staff amount. Programs participating in YoungStar also will receive a Quality Incentive Per-Staff amount. These amounts will be included in the monthly Payment Letter.

If I receive funding for Program B – Funding Staff Recruitment And Retention Efforts I agree to the following:

- I will use the funds to support necessary and reasonable costs associated with recruiting and retaining high-quality staff by providing wage increases, bonuses, and/or benefits to current or future employees with approved background checks.
- I will increase compensation through wages, bonuses, or benefits for each staff person included in that month's Count Week by at least the Base Per-Staff amount.
 - For programs participating in YoungStar, I will use the awarded Quality Incentive Per Staff amount towards one or more of the following: wage increases; bonuses; benefits; professional development; and staff trainings, scholarships, or other continuing education expenses.
 - I will not use the funds to pay volunteers.
 - I will not use the funds to pay household members who are not on staff and actively caring for children.
 - High-level administrative staff for group providers may receive no more than two (2) times their per-staff amount (Base per-staff amount plus Quality Incentive per-staff amount), as indicated in the Payment Letter. High-level administrative staff are individuals responsible for management of the child care center. These roles include, but are not limited to: center directors, center administrators, and licenses.
 - For certified providers: In accordance with DCF 202.08(1)(m) all providers must also be approved by the certification worker prior to working in the program.
 - As a certified provider, I agree that all staff listed on my application have been approved by the certification worker prior to working in the program.

I agree to above Allowable Use of Funds terms.

Documentation

- DCF is required to conduct audits to ensure accuracy of applications and the proper use of funds issued. All providers may be subject to an audit and be required to submit supporting documentation.
- I will keep, and submit to DCF upon request, all original, supporting documentation related to my application and how this funding was spent, including but not limited to:
 - Program records and supporting documentation related to my application:
 - Documentation to verify attendance of children entered on my application and during each Count Week
 - Documentation to verify staff employed at time of application and during each Count Week
 - Expenditure records and supporting documentation related to costs incurred and how program funding was spent, including, but not limited to:
 - Employee payroll registers or other payroll system substantiation of pay rate increase
 - Communications/modification to employees of wage increase or personnel policy explaining wage increase
 - Receipts for ongoing support for staff retention, including training, professional development, and continuing education
 - Documentation to verify use of funds for recruitment efforts for hiring new staff
- I understand that DCF reserves the right to request documentation of use of this funding for review or audit purposes up to five (5) years after I receive the funds. I agree to supply this documentation upon request.
- I understand that funds received each month under this program must be spent within 120 days of the date of Payment Letter for the given month.
 - Expenses cannot have already been funded by a prior DCF program or reimbursed by any state or federal fund source.

I agree to above Documentation terms

Submit

15

Realizar Modificaciones Después del Envío

16 VID-19 Payments – Application Details

Common Details

Grantee First Name	Lisa
Grantee Middle Initial	
Grantee Last Name	Licensed
Grantee Email	lisa@licensedcenter.com
Grantee Phone	(121) 212-1212
Payment Month	October 2021
Was your facility open during Count Week 09/26/2021-10/09/2021?	Yes
Did your facility serve any children with disabilities?	No
Did your facility serve any children who speak languages other than English?	No
Did your facility serve any children who are experiencing homelessness?	No
Did your facility serve any children from tribal communities?	No

Modify Common Details

Payment Program Details for *Funding Workforce Recruitment And Retention*

Payment Program	Funding Workforce Recruitment And Retention
Grant Application ID	R000000389
Number of Children attended	6

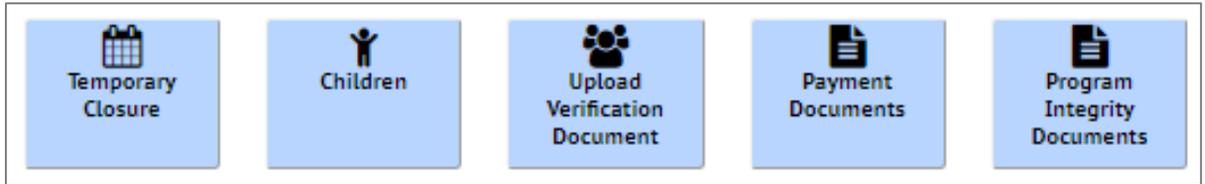
16. Realizar actualizaciones después de enviar la solicitud

Después de haber enviado su solicitud tendrá la posibilidad de actualizar la información hasta la medianoche de la fecha tope del periodo de solicitud. Deberá modificar cada sección y el detalle de la información.

Para modificar los *detalles comunes*, haga clic en el botón **Modify Common Details (Modificar detalles comunes)**.

Para modificar los *detalles de la solicitud*, en específico el número de niños inscritos durante el periodo de financiamiento, seleccione el botón **Modify Application Details (Modificar detalles de la solicitud)**. Recuerde, cualquier cambio en el número de niños afectará el número de niños que se deben ingresar en el módulo *Add Children (Agregar niños)*.

Realizar Modificaciones Después del Envío



Puede utilizar los botones **Temporary Closure (Cierre temporal)**, **Operational Hours (Horario de funcionamiento)**, **Staff (Personal)**, **Children (Niños)**, **Closure/Reopen (Cierre/reapertura)** para actualizar esas secciones específicas de la solicitud. Consulte las instrucciones previas de esta guía para obtener información específica.



Apéndice

APÉNDICE I

Agregar personas al CCPP (Portal para proveedores de cuidado infantil)

Este módulo permite a los proveedores de cuidado infantil ingresar empleados actuales y potenciales y miembros del hogar para iniciar el proceso de verificación de antecedentes.

Individuals
Select Staff to Attach to COVID-19 Payments Request

If a staff member is not listed below, access the Individuals link in the right-side sandwich menu to add the staff member onto your Individual list.

Common Details

Payment Month: October 2021
Grantee Name: Lake, Laura

Individuals

Name	Role(s)	Employment Period	
Eeva Emergency	Director	03/27/20	Select ▶
Erik Emergency	Director	04/01/20	Select ▶
Tom Trouble	Director - Assistant	05/07/20	Select ▶

Individuals with symbol next to their name need a fingerprint-based background check. Only individuals in compliance with background check laws are eligible for Child Care Counts staff payments.

Staff List

[About DCF](#) [Public Meetings](#) [Careers](#) [Request Records](#) [Contact Us](#) [Wisconsin.gov](#) [Press](#)

The Department of Children and Families, protecting children, strengthening families, building communities.
Update SPA CWA Privileges

Si en la lista no figura una persona que haya trabajado en el programa durante el periodo de financiamiento, debe agregarla mediante este módulo si desea que dicha persona sea considerada para el financiamiento.

Las personas no podrán ser agregadas hasta que tengan elegibilidad preliminar de una verificación de antecedentes en el archivo.

Siga el enlace a continuación para descargar la guía mas reciente del **Child Care Provider Portal (CCPP) User Guide**.

 <https://dcf.wisconsin.gov/files/publications/pdf/5221.pdf>